

**PETITION REQUESTING RECOUNT ON SCHOOL DISTRICT BALLOT QUESTION**

We, the undersigned eligible voters of the \_\_\_\_\_ School District (ISD# \_\_\_\_\_) request a recount of the votes cast on the following ballot question, pursuant to Minnesota Statutes section 204C.36, subd. 3: \_\_\_\_\_

\_\_\_\_\_ which was on the ballot at the election held on \_\_\_\_\_. We designate \_\_\_\_\_ to represent us as the person requesting the recount. We understand that if the difference between the votes cast for and against the ballot question is greater than the applicable amount specified in Minnesota Statutes section 204C.36 the person requesting the recount shall also file a bond, cash, or surety in an amount set by the appropriate governing body for payment of the recount expenses.

**SIGNER'S OATH**

**“I swear (or affirm) that I know the contents and purpose of this petition and that I signed the petition only once and of my own free will”**

**ALL INFORMATION ON THIS PETITION IS SUBJECT TO PUBLIC INSPECTION**

**\*\*\*\*\*ALL INFORMATION MUST BE FILLED IN BY PERSON(S) SIGNING THE PETITION UNLESS DISABILITY PREVENTS THE PERSON(S) FROM DOING SO.\*\*\*\*\***

	DATE	PRINT FIRST, MIDDLE, AND LAST NAME	YEAR OF BIRTH (If born in 2005 list month and day)	SIGNATURE	RESIDENCE ADDRESS (number and street or route and box number) (Not a P.O. Box)	CITY OR TOWNSHIP	COUNTY
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

